| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | 15 | 31 01 |
| O.I.P.E. CLASSIFIER | | | 2/5/01 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | Best | 6-05-01 |

## INDEX OF CLAIMS

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| ✓ | .......... Rejected | N | .......... Non-elected |
| = | .......... Allowed | I | .......... Interference |
| – | (Through numeral)... Canceled | A | .......... Appeal |
| ÷ | .......... Restricted | O | .......... Objected |

| Claim | | Date | | Claim | | Date | | Claim | | Date |
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| Final | Original | | | Final | Original | | | Final | Original | |
| 1 | ✓ | | | | 51 | | | | 101 | |
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If more than 150 claims or 10 actions
staple additional sheet here

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